

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Dental Providers
Managed Care Plans

Memorandum No: 05-55MAA
Issued: June 28, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Orthodontic Services: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- Update the Orthodontic Services Fee Schedule;
- One (1.0) percent vendor rate increase for Children's program only.

Maximum Allowable Fees

The 2005 Washington State Legislature appropriated a one (1.0) percent vendor rate increase for the 2006 state fiscal year. The maximum allowable fees for Orthodontic Services have been adjusted to reflect these changes.

Attached are updated replacement pages G.1 - G.20 for MAA's current *Orthodontic Services Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA's Provider Issuances

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|-------------|---------------------------|
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Fee Schedule

CLEFT PALATE AND CRANIOFACIAL ANOMALY CASES

Clinical Evaluations

| | | | |
|-------|---|--|---------|
| D0160 | N | Detailed and extensive oral evaluation Orthodontic Only Use this code for orthodontic information (initial workup). Includes orthodontic oral examination, taking and processing clinical photographs, completing required form(s) and obtaining MAA's authorization decision. | \$45.45 |
| D0170 | N | Re-evaluation – limited, problem focused (established patient; not post-operative visit) The following limitations apply when billing for D0170: <ul style="list-style-type: none"> • Allowed once per client, per visit; • Not allowed in combination with periodic/limited/comprehensive oral evaluations; • Treating provider must be an orthodontist and either a member of a recognized craniofacial team or approved by MAA's Dental Consultant; and • One of the following medically necessary diagnosis codes must be documented in the client's record: 213.1, 744.9, 749.0, 749.00-749.04, 749.10-749.14, 749.2, 749.20-749.25, 754.0, 755.55, 756.0, 802.2, 802.21-802.29, 802.3, 802.31-802.39, 802.4-802.6 | 42.42 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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| D8660 | 870000950 | <p>Pre-orthodontic treatment visit Use this code when billing for Orthodontist Case Study</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference.</p> <p>Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.</p> | \$202.00 |
|-------|------------------|---|----------|

Interceptive Orthodontics

| | | | |
|-------|------------------|--|--------|
| D8050 | 870000950 | <p>Interceptive orthodontic treatment of the primary dentition</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.</p> | 525.20 |
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Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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| | | | |
|-------|-----------|---|----------|
| D8060 | 870000950 | <p>Interceptive orthodontic treatment of the transitional dentition</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.</p> | \$525.20 |
|-------|-----------|---|----------|

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Limited Transitional Orthodontic Treatment

| | | | |
|-------|-----------|---|----------|
| D8010 | 870000950 | <p>Limited orthodontic treatment of the primary dentition.</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p> | \$676.70 |
| D8010 | 870000950 | <p>Limited orthodontic treatment of the primary dentition.</p> <p>Reimbursement is for each subsequent three month period when the appliance placement date and the date of service are different. Maximum of three units allowed.</p> <p>Requires the Expedited Prior Authorization Number listed when billing for cleft palate and craniofacial anomaly cases.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | 212.10 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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|----------|----------------------|-------------|------------------------------|

| | | | |
|-------|-----------|--|----------|
| D8020 | 870000950 | <p>Limited orthodontic treatment of the transitional dentition.</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p> | \$676.70 |
| D8020 | 870000950 | <p>Limited orthodontic treatment of the transitional dentition.</p> <p>Reimbursement is for each subsequent three month period when the appliance placement date and the date of service are different. Maximum of three units allowed.</p> <p>Requires the Expedited Prior Authorization Number listed when billing for cleft palate and craniofacial anomaly cases.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | 212.10 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|-------------|---------------------------|
|----------|----------------------|-------------|---------------------------|

| | | | |
|-------|-----------|--|----------|
| D8030 | 870000950 | <p>Limited orthodontic treatment of the adolescent dentition.</p> <p>Requires use of Expedited Prior Authorization number when billing for cleft palate and craniofacial anomaly cases.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p> | \$676.70 |
| D8030 | 870000950 | <p>Limited orthodontic treatment of the adolescent dentition.</p> <p>Reimbursement is for each subsequent three month period when the appliance placement date and the date of service are different. Maximum of three units allowed.</p> <p>Requires the Expedited Prior Authorization Number listed when billing for cleft palate and craniofacial anomaly cases.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | 212.10 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Full Orthodontic Treatment

| | | | |
|-------|-----------|--|------------|
| D8070 | 870000950 | <p>Comprehensive orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for the initial placement when the date of service and the appliance placement date are the same.</p> <p>Requires Expedited Prior Authorization. Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly. Includes first 6 months of treatment and appliances.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.</p> | \$1,818.00 |
| D8070 | 870000950 | <p>Comprehensive orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. Maximum of 6 units allowed.</p> <p>Requires Expedited Prior Authorization. Use of the EPA number verifies that the client has a cleft palate or craniofacial.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by MAA's Dental Consult to provide this service.</p> <p>Continued on next page...</p> | 454.50 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|---|---------------------------|
| | | <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> The provider must examine the client in the provider's office at least twice during the 3-month period, with the first 3-month interval beginning 6 months after the initial appliance placement; Continuing treatment must be billed after each 3-month interval; Document the actual service dates in the client's record; For billing purposes, use the last date of each 3-month billing interval as the date of service. | |
| D8080 | 870000950 | <p>Comprehensive orthodontic treatment of adolescent dentition.</p> <p>This reimbursement is for the initial placement when the date of service and the appliance placement date are the same.</p> <p>Requires Expedited Prior Authorization. Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly. Includes first 6 months of treatment and appliances.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.</p> | \$1,818.00 |
| D8080 | 870000950 | <p>Comprehensive orthodontic treatment of adolescent dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. Maximum of 6 units allowed.</p> <p>Continued on next page...</p> | 454.50 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|---|---------------------------|
| | | <p>Continued from previous page...</p> <p>Requires Expedited Prior Authorization. Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by MAA's Dental Consult to provide this service.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period, with the first 3-month interval beginning 6 months after the initial appliance placement; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Other Orthodontic Services

| | | | |
|-------|-----|--|----------|
| D8680 | Yes | <p>Orthodontic retention (removal of appliances, construction and placement of retainer(s))</p> <p>Use this code for a client whose appliance was placed by an orthodontic provider not participating with MAA, and/or whose treatment was previously covered by another third-party payor. Fee includes debanding and removal of cement.</p> | \$101.00 |
| D8690 | Yes | <p>Orthodontic treatment (alternative billing to a contract fee)</p> <p>Use this code for each three-month period of follow-up orthodontic care for a client who meets the criteria in WAC 388-535-1250, but whose banding, appliance placement and/or initial follow-up care was done by a provider not participating with MAA, or whose treatment was authorized and previously covered by another third-party payor. This follow-up care is for a period not to exceed one year, or the length of time remaining under the treatment plan authorized by the previous payor, whichever is shorter.</p> <p>One unit allowed every 3 months, up to a total of 4 units.</p> | 121.20 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Radiographs

| | | | |
|-------|----|--|---------|
| D0330 | No | Panoramic film – maxilla and mandible Documentation must be entered in the client's file. Panoramic-type films are allowed once in a 3-year period. A shorter interval between panoramic radiographs may be allowed with written prior authorization from MAA. Doing <i>both</i> a panoramic film and an intraoral complete series is not allowed. | \$43.43 |
| D0340 | No | Cephalometric film Allowable for orthodontic purposes only. Cephalometric film allowed once in a three-year period. | 43.43 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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SEVERE HANDICAPPING MALOCCLUSIONS

Clinical Evaluations

| | | | |
|-------|-----|---|---------|
| D0160 | No | Detailed and extensive oral evaluation Orthodontic Only Use this code for Orthodontic information (initial workup). Includes orthodontic oral examination, taking and processing clinical photographs, completing required form(s) and obtaining MAA's authorization decision. | \$45.45 |
| D8660 | Yes | Pre-orthodontic treatment visit Use this code for Orthodontist Case Study. Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference. | 191.90 |

Interceptive Orthodontics

| | | | |
|-------|-----|---|----------|
| D8050 | Yes | Interceptive orthodontic treatment of the primary dentition Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance. | \$333.30 |
| D8060 | Yes | Interceptive orthodontic treatment of the transitional dentition Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance. | 333.30 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Limited Transitional Orthodontic Treatment

| | | | |
|-------|-----|---|----------|
| D8010 | Yes | <p>Limited orthodontic treatment of the primary dentition.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p> | \$424.20 |
| D8010 | Yes | <p>Limited orthodontic treatment of the primary dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are the different.</p> <p>Maximum of three units allowed.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | 181.80 |
| D8020 | Yes | <p>Limited orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and</p> | 424.20 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|---|---------------------------|
| D8020 | Yes | <p>appliance(s).</p> <p>Limited orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different.</p> <p>Maximum of three units allowed.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | \$181.80 |
| D8030 | Yes | <p>Limited orthodontic treatment of the adolescent dentition.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p> | 424.20 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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| | | | |
|-------|-----|--|----------|
| D8030 | Yes | <p>Limited orthodontic treatment of the adolescent dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different.</p> <p>Maximum of three units allowed.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | \$181.80 |
|-------|-----|--|----------|

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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Full Orthodontic Treatment

| | | | |
|-------|-----|--|------------|
| D8070 | Yes | <p>Comprehensive orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 6 months of treatment and appliances.</p> | \$1,212.00 |
| D8070 | Yes | <p>Comprehensive orthodontic treatment of the transitional dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. Maximum of 6 units allowed.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval, with the first 3-month interval beginning 6 months after the initial appliance placement; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | 227.25 |
| D8080 | Yes | <p>Comprehensive orthodontic treatment of adolescent dentition.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 6 months of treatment and appliances.</p> | 1,212.00 |

Orthodontic Services

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|--|---------------------------|
| D8080 | Yes | <p>Comprehensive orthodontic treatment of adolescent dentition.</p> <p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. Maximum of 6 units allowed.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider's office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval, with the first 3-month interval beginning 6 months after the initial appliance placement; • Document the actual service dates in the client's record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. | \$227.25 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
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|----------|----------------------|-------------|---------------------------|

Other Orthodontic Services

| | | | |
|-------|-----|--|----------|
| D8680 | Yes | <p>Orthodontic retention (removal of appliances, construction and placement of retainer(s))</p> <p>Use this code for a client whose appliance was placed by an orthodontic provider not participating with MAA, and/or whose treatment was previously covered by another third-party payor. Fee includes debanding and removal of cement.</p> | \$101.00 |
| D8690 | Yes | <p>Orthodontic treatment (alternative billing to a contract fee)</p> <p>Use this code for each three-month period of follow-up orthodontic care for a client who meets the criteria on page A.1, but whose banding, appliance placement and/or initial follow-up care was done by a provider not participating with MAA, or whose treatment was authorized and previously covered by another third-party payor. This follow-up care is for a period not to exceed one year, or the length of time remaining under the treatment plan authorized by the previous payor, whichever is shorter.</p> <p>One unit allowed every 3 months, up to a total of 4 units.</p> | 121.20 |

| CDT Code | Prior Auth Required? | Description | 07/1/05 Maximum Allowable |
|----------|----------------------|-------------|---------------------------|
|----------|----------------------|-------------|---------------------------|

Radiographs

| | | | |
|-------|----|---|---------|
| D0330 | No | <p>Panoramic film – maxilla and mandible</p> <p>Documentation must be entered in the client's file.</p> <p>Panoramic-type films are allowed once in a 3-year period.</p> <p>A shorter interval between panoramic radiographs may be allowed with written prior authorization from MAA.</p> <p>Doing <i>both</i> a panoramic film and an intraoral complete series is not allowed.</p> | \$43.43 |
| D0340 | No | <p>Cephalometric film</p> <p>Allowable for orthodontic purposes only. Cephalometric film allowed once in a three-year period.</p> | 43.43 |

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